

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>9/3/04</u>		2 Serial/Patent # <u>09/881,151</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time <u>1253</u>			\$ <u>840.</u>							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>840.</u>							
		8 TO BE REFUNDED BY:									
10 REASON:		<input type="checkbox"/> Treasury Check									
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
	Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
		--									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<u>Extension of Time period is over, no fee is due.</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Levin Dingle</u>			TITLE: <u>Paralegal</u>								
SIGNATURE: <u>Levin Dingle</u>			PHONE: <u>306-5684</u>								
OFFICE: <u>Petition</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>			DATE: <u>9/3/04</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: